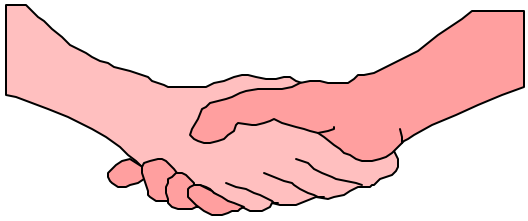
SHELTER MEDICAL GROUP
TOOLKIT

LOCAL EMERGENCY PREPAREDNESS PLANNERS GUIDE FOR THE CARE AND SHELTERING OF THE MEDICALLY FRAGILE



PREPARED BY THE SHELTER MEDICAL GROUP

September 6, 2001

LOCAL EMERGENCY PREPAREDNESS PLANNING TOOLKIT

PURPOSE:
To provide guidelines for the local and regional implementation of sheltering and austere medical care delivery systems specifically for the medically fragile prior to and during a disaster. This "Tool Kit" was developed in full acknowledgment that *written plans, by themselves, cannot accomplish the work that needs to be done in this regard*. It must be part of a comprehensive disaster preparedness planning and implementation effort that conforms to the California Standardized Emergency Management System (SEMS). The nature of sheltering and caring for medically fragile populations is such that it cannot be accomplished without the collaborative, proactive action of many people and organizations across the spectrum of public, private, and non-profit organizations. We intend that this document provide a rudimentary set of guidelines that will further the goal of improved disaster preparedness for California's most medically fragile populations.

INTENDED AUDIENCE:
Those persons and organizations in local and regional California jurisdictions responsible for the care and sheltering of medically fragile populations before and during a disaster. This includes but is not limited to government emergency response agencies, residential care facilities, community-based organizations (CBO's) serving the medically fragile, American Red Cross chapters, the Salvation Army, and social and human services departments.

BACKGROUND:
In the wake of the winter storm flooding in 1997 that resulted in the evacuation of over 150,000 Californians, including several skilled nursing facilities, the Governor's Office of Emergency Services (OES) and the Emergency Medical Services Authority (EMSA) formed the Shelter Medical Group (SMG) Committee. The SMG is an approved specialist committee serving as part of the Standardized Emergency Management System (SEMS) Technical Group. The committee included representatives from most state agencies with responsibilities related to the medically fragile or the persons with disabilities community.

The SMG was convened to establish policies and procedures to meet the medical needs of people who must move during a disaster from their residence or care facilities to alternative locations. The SMG Report, released on February 18, 2000, contains extensive information for local emergency preparedness planners and health facilities in disaster planning, response, and recovery.

In October 2000, at the initiation of the State Emergency Medical Services Authority, the SMG was reconvened to develop a strategic plan to implement the SMG Report's recommendations. This Tool Kit is one product developed during that process.

CONCURRING AGENCIES:

Emergency Medical Services Authority
Governor's Office of Emergency Services
Department of Health Services
Department on Aging
Department of Social Services
Office of Statewide Planning & Development
The American Red Cross
The Salvation Army Western Territory
Local Government Representatives

USE OF THE TOOLKIT:

The original SMG report contained numerous appendices in support of the findings and recommendations identified in the report. The SMG has selected many of these appendices and included them in this toolkit as a resource to local emergency preparedness planners. The appendices should be used to assist in planning for the evacuation, care, and sheltering of medically fragile populations in disasters. A complete copy of the SMG report can be downloaded from the Emergency Medical Services website at www.emsa.ca.gov.

CONTENTS (with brief description):

1. **SEMS ORGANIZATIONAL LEVELS & FUNCTIONS (Appendix B)**
   - ✍ Basic overview of the use of the Standardized Emergency Management System (SEMS).

2. **TRAINING OF HEALTHCARE PROVIDERS (Appendix C)**
   - ✍ Includes types of emergency preparedness training available along with a description of the types of exercises necessary to train staff.

3. **GOVERNMENT EVACUATION CHECKLIST (Appendix E)**
   - ✍ Sample evacuation checklist to be used for the medically fragile by local government officials during an emergency or disaster.

4. **RISK ASSESSMENT AND EVACUATION STRATEGIES (Appendix F)**
   - ✍ Describes how health facilities should do a risk and hazard assessment in preparation for the development of evacuation strategies.

5. **VOLUNTARY REGISTRATION REQUEST INFORMATION (for the medically fragile) (Appendix G)**
   - ✍ Sample letter that explains the local registry program for medically fragile individuals.

6. VOLUNTARY REGISTRATION REQUEST (for the medically fragile) (Appendix G-1)

✍ Sample registration form to be used by medically fragile individuals to sign up in the registry program.

7. EMERGENCY EVACUATION DESTINATION CATEGORIES (for medically fragile patients and residents) (Appendix H)

✍ Provides triage guidelines to direct medically fragile patients and residents into three destination types, based on the level of care required. This section also provides recommendations on the type of ground transportation required.

8. SHELTER MEDICAL OPERATIONS GUIDELINES (Appendix I)

✍ Provides detailed recommendations for setting up a medical treatment unit or temporary infirmary, including site selection, staffing, equipment, and supplies.

9. MODEL STATEMENT OF UNDERSTANDING (between County Health Departments and the American Red Cross) (Appendix J)

✍ A sample agreement between the local health department and the American Red Cross for the provision of health and medical services following a disaster.

10. MODEL STATEMENT OF UNDERSTANDING (between County Mental Health Departments and the American Red Cross) (Appendix J-1)

✍ A sample agreement between the local mental health department and the American Red Cross for the provision of mental health services following a disaster.

11. ADOPT-A-SHELTER PROGRAM (Appendix K)

✍ Describes how a group or business may sponsor a medical shelter by supplying either equipment or personnel or both.

12. HEALTH PASSPORT (Appendix L)

✍ A sample form, developed by Yuba and Sutter Counties, that can be modified for your jurisdiction and then completed and maintained by individuals with chronic medical problems. It establishes an up-to-date medical history that can be used by evacuated individuals to help ensure continuity of care.

REFERENCES:

1. Final version, State Shelter Medical Group Report, available at **http://www.emsa.ca.gov.**

2. Standardized Emergency Management System (SEMS) Regulations, Title 19, Division 2, Chapter 1, Sections 2400 – 2450, available at **http://www.oes.ca.gov**.

APPENDIX B

SEMS ORGANIZATIONAL LEVELS & FUNCTIONS

All emergency response agencies shall use the Standardized Emergency Management System (SEMS) in responding to, managing, and coordinating multiple agency or multiple jurisdiction incidents, whether single or multiple discipline.

There are five designated organizational levels within SEMS: Field, Local, Operational Area, Regional, and State. Each level is activated as needed.

- **Field** -- Commands emergency response personnel and resources to carry out tactical decisions and activities in direct response to an incident or threat.

- **Local** -- Manages and coordinates the overall emergency response and recovery activities within their jurisdiction.

- **Operational Area** -- Manages and/or coordinates information, resources, and priorities among local governments within the operational area and serves as the coordination and communication link between the local government level and the regional level.

- **Regional** -- Manages and coordinates information and resources among operational areas within the mutual aid region designated pursuant to Government Code §8600 and between the operational areas and the state level. This level along with the state level coordinates overall state agency support for emergency response activities.

- **State** -- Manages state resources in response to the emergency needs of the other levels, manages and coordinates mutual aid among the mutual aid regions and between the regional level and state level, and serves as the coordination and communication link with the federal disaster response system.

Additionally, local government, operational area, regional, and state levels shall provide for all of the following functions within SEMS:

- **Command/Management** -- for overall emergency policy and coordination through the joint efforts of governmental agencies and private organizations.

- **Operations** -- for coordinating all jurisdictional operations in support of the

response to the emergency through implementation of the organizational level's action plan.

? **Planning/Intelligence** -- for collecting, evaluating, and disseminating information; developing the organizational level's action plan in coordination with the other functions; and maintaining documentation.

? **Logistics** -- for providing facilities, services, personnel, equipment, and materials.

?? **Finance/Administration** -- for financial activities and administrative aspects not assigned to the other functions.

APPENDIX C

TRAINING OF HEALTHCARE PROVIDERS

Introduction

Training for healthcare providers should include emergency management roles, responsibilities and procedures. Staff training should also include orientation to the government's role in emergency management, including the authorities, responsibilities and functions of the local Emergency Operations Center, how to request/access medical and health resources, whom to contact for transportation and other logistical assets, when and where to evacuate medically fragile patients, etc. Facility staff should also be familiar with the different types of hazards their facility could potentially experience and how to respond in each event. They should also be knowledgeable of the various medical conditions and mobility impairments affecting their patients and know where/how to access the patient records for use during and after emergency evacuations.

Types of Training

Following is a summary of the different types of training available to enhance staff performance during a disaster response:

American Red Cross Training

The American Red Cross (ARC) offers a variety of training materials and courses for individual, family, organization, and business preparedness.

The Salvation Army

The local Salvation Army Corps Center may be contacted for information on their training and resource programs.

California Emergency Management Programs

The State of California has many emergency management training programs to assist the public and private sector in preparing for emergencies. The Governor's Office of Emergency Services offers many training courses through the California Specialized Training Institute. Training available includes a wide variety of emergency management

courses for city, county and state government administrators as well as highly specialized courses geared for practicing law and fire professionals.

Federal Emergency Management Programs

The Federal Emergency Management Agency (FEMA) provides a variety of opportunities for continuing education as part of their Professional Training Program. Their methods of instruction include home study and classroom courses. Some are provided locally and conducted by either the California Specialized Training Institute, local college or other FEMA authorized institution.

Types of Exercises

A disaster exercise is an activity designed to simulate an organization's emergency response environment and to test the effectiveness of its disaster plan. Exercises provide excellent opportunities for staff to practice new or less frequently used skills/knowledge and to integrate with other response elements in the performance of their disaster roles. Exercises measure the ability of staff to respond to unusual events and to perform in an effective and predictable manner.

Exercises are the preferred method of testing an organization's disaster response plan -- *before* an emergency occurs. A well-executed exercise will reveal predictable flaws in the plan during exercise play and allow ample time to make necessary adjustments. When conducted regularly, exercises help to minimize confusion that often occurs during real emergencies when staff are suddenly challenged by situations that require them to function outside their normal day-to-day roles. Well-planned exercises, along with appropriate follow-ups, increase readiness, build team spirit and promote confidence among staff.

The four levels of exercises are characterized below:

1. **Drill**

   - ? are usually single-function
   - ? test a trained activity
   - ? provide the building blocks of needed skills
   - ? are based upon standard procedures

2. **Table-tops**

   - ? provide orientation and overview
   - ? involve collective problem solving
   - ? are scenario-driven

- ? are methodical with fewer objectives
- ? are valuable tools for learning about problem areas

3. **Functional**

- ? are scenario-driven
- ? involve many objectives
- ? are usually conducted in ‘real time’
- ? use simulators to provide realism for participants
- ? are command post and EOC focused
- ? are management-oriented

4. **Full-scale**

- ?? is driven by a well-developed scenario
- ? involve many objectives on all levels of response
- ? simulate actual disaster events
- ? involve ‘real time’ players and equipment
- ? contain special effects that add to realism (i.e., moulage, participant behaviors, rubble, etc.)
- ? require the highest level of training, organization, coordination and planning

APPENDIX E

GOVERNMENT EVACUATION CHECKLIST

1. Situation Assessment

- ? Determine type, size, and location of emergency
- ? Determine number of people affected
- ? Determine emergency assistance required, especially for vulnerable populations

2. Infrastructure Assessment

- ? Conduct infrastructure assessment (public and high-risk buildings)
  - ? transportation
  - ? communications
  - ? utilities

3. Evacuation

- ? Identify areas to be evacuated
- ? Identify transportation / roadways to be used
- ? Alert local law enforcement, California Highway Patrol, and CalTrans
- ? Identify vulnerable populations, including people from unique institutions to be evacuated

4. Alert and Warning / Notification

- ? Determine if thresholds for alert and warning have been reached
- ? Consider announcing precautionary warnings for vulnerable populations (hospitals, nursing homes/care facilities, schools, special event facilities, etc.)
- ? Identify whether the emergency affects life and property
- ? Activate public warning system: Emergency Alert System, including emergency digital information system (EDIS)
- ? Issue public advisory / notification
- ? Advise Operational Area (if city) / REOC (if county) of situation
- ? Advise affected jurisdictions, agencies, facilities of public evacuation

5. Initial Response

- ? Announce a precautionary warning for vulnerable populations
- ?? Declare local emergency
- ?? Issue local emergency orders/evacuation order
- ? Close affected areas

6. Public Information

- ? Issue precautionary warnings and instructions for vulnerable populations
- ? Issue evacuation instructions
- ? Issue news releases
- ? Issue press advisories

7. Mass Care and Shelter

- ? Identify sheltering needs and capabilities
  - ✍✍activate/establish multi-jurisdictional agreements for care and shelter
  - ✍✍activate existing agreements with American Red Cross, Salvation Army, community based organizations.
  - ✍✍designate shelter areas
    - o medical treatment unit/temporary infirmary
    - o general public shelters

APPENDIX F

RISK ASSESSMENT AND EVACUATION STRATEGIES

Introduction

Readiness for facility evacuation requires several stages of preparation and implementation. The entire process of assessing a facility's readiness to evacuate can be established by:

- Defining the authorities for evacuation in the community
- Defining a facility's legal responsibility and role regarding evacuation
- Assessing hazards and identifying risks that might require or complicate evacuation of a facility
- Developing strategies for evacuation of the facility, or supporting facilities that evacuate to a host facility
- Developing and implementing an evacuation/sheltering plan, operational procedures, training programs and drills
- Continual reevaluation of plan and procedures based upon drills and actual evacuations.

Defining Authorities and Responsibilities

The authorities and legal responsibility for evacuation, as discussed in Section IV and Appendix D of this Report, provide documentation and guidance for understanding evacuation directions in the community.

Assessing Facility Evacuation Risks

In order to develop evacuation strategies, facilities should first inspect their surrounding environments for hazards that pose further risk to evacuees and facility operations. Attention should be given to the following elements of evaluation:

? ? **Hazard Analysis**

There are many methods for identifying, evaluating and defining hazards that may affect a facility. Depending on facility location and size, hazards may require considerable expertise to identify properly. Hazards are not necessarily limited to natural events, but include technological risks ranging from chemical spills due to loss of utilities. Hazard

analysis can be provided by knowledgeable staff, software programs, and guidance from governmental emergency planners and consultants.

An additional tool in assessment is the use of "lessons learned" from similar incidents. Events that led to evacuation or shelter-in-place decisions can be pinpointed through data from associations, insurance companies and community emergency planners/responders. By evaluating information from sources like these, facilities are more likely to identify potential hazards.

? ? **Frequency**

To effectively identify the most likely evacuation scenarios, facilities must first qualify hazards and how often they occur. Frequency is not a stand-alone indicator, since a least likely scenario may have the largest impact.

? ? **Duration of Incident**

Each evacuation plan should consider how long a hazard would impact facility operations. An example is whether a chemical release will be of short or long duration.

? ? **Scope of Impact**

Plans for evacuation will depend upon how much of the facility is affected, for how long, and to what degree.

? ? **Destructive Potential to Life and Property**

To understand the type and length of evacuation, facility planners should know how much destruction is likely from the risk at hand. If a flood lasts for three weeks and covers the entire structure, patients may be transferred for months to other sites. A chemical release, however, may have little destructive impact on the facility structure, but result in severe risk to patients and staff.

? ? **Controllability**

Facility planners cannot control hazards but may be able to decrease associated risks by adequate planning.

? ? **Predictability**

Based on past history, some events may be predictable. The ability to reasonably predict events will assist in planning for evacuation. An example would include the building and grounds being routinely flooded during high-rainfall years.

? ? **Speed of Onset**

Every facility should have a method to quickly identify events that will create an immediate threat. In some cases, staff may have many days for planning and decision-making or have very little time to react. Lack of time to prepare can have a substantial impact on the health of patients and staff. Facility planners should find methods to provide early warning to staff for those events that can require evacuations within 2 hours of occurrence (e.g., earthquake, wildfire, dam break, bomb threat, etc.).

? ? **Length of Forewarning**

The longer you wait to take actions to respond to a disaster, the fewer options you will have to react successfully. Equipping facilities with appropriate warning systems will maximize the response time for evacuation or sheltering decisions. These may include weather radios that activate immediately upon a warning from the National Weather Service, an automated warning service provided by phone, or a warning siren from a nuclear power plant. Facility staff should also be trained to identify local sirens or messages provided on radio or television by the Emergency Alert System.

Developing Facility Protective Actions

There are several strategies for evacuation which include:

- Sheltering in place without moving clients
- Sheltering in place to a safe area on the same level
- Sheltering in place vertically (up or down)
- Evacuating just outside the facility
- Evacuating to a nearby like facility
- Evacuating to a distant like facility
- Evacuating to a shelter designated as a medical treatment unit (and originating facility continues to provide all staff and support services)
- Evacuating to a shelter designated as a medical treatment unit (and local health officials provide all staff and support services)
- Evacuating to a general public shelter with a temporary infirmary

NOTE: When considering movement of patients, whether within or outside the facility, facility planners must consider the inherent risk that the travel will impact the individual=s health.

✍✍ ***Sheltering in place without moving clients***

Depending on the degree of risk, facility staff may decide to remain in place because the threat may have less impact on client health and safety than a voluntary evacuation.

Example: A facility becomes aware of a chemical release that will affect it within a short period of time and local government advises staying indoors or evacuating the area. Evacuation could expose patients/residents to greater risks than sheltering in place.

✍✍ ***Sheltering in place to a safe area or refuge on the same level***

An evacuation may be necessary from one side of a building to another based on an approaching threat. Staff would be expected to identify the path and speed of the threat to ensure the timely movement of patients and critical equipment.

Example: An evacuation may be necessary from one side of a building to another based on an approaching or impending threat. Staff would be expected to identify the path and speed of the threat to ensure a timely movement of patients and critical equipment.

✍✍ ***Sheltering in place vertically (up or down)***

For fast-moving, short-duration events it may be necessary to move residents above or below the ground floor. This is usually done because time in which to respond to a serious hazard is extremely limited. Lower-level sheltering may be required for high wind scenarios or during threats from some man-made threat (e.g., a nearby impending explosion). Upper-level sheltering may be required for scenarios involving very fast-moving waters or during the release of ground-hugging chemicals in the immediate area.

Example: A two-story facility has a fall-out shelter in the basement. The National Weather Service has announced a tornado warning in the area. A staff member=s relative has already seen a funnel cloud touch down less than a mile from the facility. Staff should consider moving patients from the upper floor, and those near windows, to the security of the basement until the tornado warning has subsided.

✍✍ ***Evacuating just outside the facility***

There may be an internal emergency, which will require staff to evacuate patients from the building. This could be for an immediate problem or a long duration event. The evacuation plan should include locations where facility staff can perform an inventory of those who have left the building. The plan should also include contingencies for this

occurring during inclement weather, and the possible need for further evacuation to nearby like facilities.

Example: Staff smells smoke in the facility and calls 9-1-1. They are directed to move patients out of the building. Upon authorization from the fire department, they return indoors.

✍✍ *Evacuating to a nearby like facility*

Facilities with medically fragile residents should consider movement of patients/residents and staff to a nearby facility, with like capacity for care of patients/residents. This evacuation type might be considered during a voluntary or precautionary evacuation, and would definitely be appropriate during a mandatory evacuation order. It is critical that facilities have agreements with nearby *like* facilities to take clients. More than one facility should be identified, usually in opposite directions from the affected facility, in case the primary site is impacted by the same threat. Facilities should identify whether other medical and residential care facilities are also planning to use the same location to receive clients. In addition, plans should address accessible evacuation routes (depending on risks) and transportation logistics.

Example: Local government authorities have warned a facility that flood controls may fail within six hours. The facility has a high risk of being flooded within the next two days. Staff have been given adequate time to secure bed space and care at one of the predestinated like facilities. They have also been given time to arrange for transportation and verify a safe route for evacuation.

✍✍ *Evacuating to a distant like facility*

Very serious conditions may require a facility to move all patients to a distant site. This can occur during regional events with massive impacts. Examples include events such as widespread flooding, earthquake, epidemic and civil unrest. This choice would be preferable to movement to a nearby medical shelter if the impact of the event will have a substantial duration (more than 3 or 4 days) and/or there are extensive equipment and personnel support needs for the care of the patients.

Example: A large earthquake has severely damaged a facility and staff determines that all *like* facilities with which they have agreements are also disabled and unable to receive additional patients.

✍✍ *Evacuating to a shelter designated as a medical treatment unit (and originating facility continues to provide all staff and support services)*

A rapid onset of a disaster may severely limit evacuation and transfer options available to the local emergency authorities and facility. Under these conditions, the local disaster authority may instruct a facility to evacuate and transfer the entire operation to a temporary shelter (i.e., school gymnasium) and continue to provide all care and treatment. This option is desirable for short-term evacuations. However, depending on

the duration of the event, this may be the first step before transferring patients to another *like* facility.

Example: A nearby river is at flood stage and threatens to break through containment levees. If this occurs, the nearby facility will be flooded. A lawful evacuation order has been issued and the facility has been directed to move all patients and staff to a school gymnasium on higher ground. Patients, staff, equipment and supplies must be transferred with the patients and the facility must be capable of maintaining operations for a minimum of 72 hours.

✍✍ ***Evacuating to a shelter designated as a medical treatment unit (and local health officials provide all staff and support services)***

When the scope of the disaster conditions are severe, facility planners may need to consider moving patients to a medical shelter before they can be moved to *like* facilities. Since they will have to be moved twice, this choice can create increased stress on patients, and the quality of care in the shelters may not be equal to the care available to them in the facility from which they are evacuating.

Example: An urban firestorm has burned down the neighborhood where a facility was located. Staff was able to evacuate all patients to a local community shelter for the medically fragile, but it has limited capabilities. Facility planners must arrange for movement of patients to a city that is in another county, as soon as the roads are passable and the fire threat is controlled.

✍✍ ***Evacuating to a general public shelter with a temporary infirmary***

In worst-case scenarios, facilities may have little choice but to evacuate to the nearest available general population shelter. This decision is made only when there is no other option available, and when there is an immediate peril to life and safety of clients if they are not immediately moved to the closest available shelter. The plan must recognize this as a temporary condition requiring immediate triage activities, in coordination with local government, to move the arriving patients to the closest like facility available, whether or not there exist any previous agreements.

Example: A massive earthquake has rendered a facility unsafe for occupation. Staff has used every method available to safely move the patients out of the building. The only available shelter is a school auditorium two miles away. There is a temporary infirmary as part of the general population shelter, with limited nursing staff, medical supplies and support. Facility staff will need to set up a working relationship with local government as soon as possible to arrange for the movement of the patients to a like facility.

Developing a Plan, Procedures, Training and Testing

To ensure that decisions about evacuation will be completed in a timely manner, a series of inter-related actions must be addressed.

- First, with input from local emergency services authority, facility planners should develop a succinct plan that describes their organization's evacuation policy, with basic information about who is in charge during evacuation, what the known risks and hazards are, and the expectations of staff and clients during and after evacuation. The plan should include agreements made with other facilities for evacuation support.

- Second, a specific checklist of actions should be developed into a brief, clearly written procedure for making decisions about evacuation and implementing those decisions.

- Third, staff must be trained around the plan and procedures, including a walk-through of the facility and its evacuation related sites and equipment. This should be part of a new employee's orientation training.

- Finally, the staff should be involved in, at a minimum, a tabletop evacuation exercise each year as part of the facility's licensure requirements.

Developing a Maintenance Process

Facility management should include an annex to the evacuation plan dealing with the maintenance of evacuation readiness. This should include plan and procedure revisions, training qualifications, facility readiness checklists, phone number verifications, and supplies and equipment inventory/replacement.

APPENDIX G

VOLUNTARY REGISTRATION REQUEST
FOR
MEDICALLY FRAGILE INDIVIDUALS

DATE:

Dear Citizen:

The Local Office of Emergency Services[1] maintains a Medically Fragile Registry for people who are medically fragile (MFR). In the event of a flood, earthquake, or other catastrophe, this department will attempt to provide medical sheltering and transportation. If you have a chronic medical condition, completion of the attached Questionnaire will allow us to assist you during an emergency. Please read this page carefully before signing up for the registry. When signed, please return it to the address indicated in the top left-hand corner. You may call the MFR Coordinator at: for further information.

The medical information that you provide on the attached form will remain confidential. It will only be given to first response agencies associated with your emergency evacuation.

The level of care that this jurisdiction offers are: [Insert your jurisdiction's level of care here].

Please note that you are responsible for all costs associated with medical transportation (ambulance) and medical sheltering (nursing home, hospital, etc.).

You must be ready to evacuate when told to do so by emergency officials.

Pets are not allowed in most mass care shelters. To ensure their safety, arrangements for their evacuation should be made now. Ask your County Agriculture Commissioner about pet sheltering. Make sure that you have the following items on hand: current rabies and vaccination records, adequate food and water, and a properly tagged pet carrier.

When disasters occur, the demand for resources often exceeds local capability and may be unavailable. It is recommended that you pursue primary evacuation plans with family, friends, neighbors, church organizations, etc.

?? Rely on local family members for your primary evacuation needs.

?? Speak with your personal physician about your transportation and sheltering needs. If medical sheltering is essential, have your physician execute the necessary pre-admission procedures now.

[1]Or any other local agency appropriate to provide this service, such as the local Departments of Health, Social Services, or Fire Protection District.

?? Talk to your friends and neighbors about providing you with evacuation transportation, forming a car pool or creating a buddy system. If you live in a mobile home park or condominium, inquire about your association's disaster plan.

APPENDIX G1

VOLUNTARY REGISTRATION REQUEST FOR MEDICALLY FRAGILE INDIVIDUALS

_____ County
Office of Emergency Services
Medically Fragile Registry
[Mailing Address]
[City, CA, Zip Code]
[Telephone Number]

For Emergency Management Use Only:
MFR File Number:_____
Fire/EMS Agency:_____
Shelter Type:_____
Application Date:_____

----------DO NOT WRITE ABOVE THIS LINE----------

Name:_____ Spouse:_____Physical Address:_____ Apt/Lot:_____City: Zip:_____ Phone:_____Mailing Address (if different than above): Do you live in a mobile home? ____ If yes, what is the complex name?_____Are you a seasonal resident? ____ If yes, what months are you here?_____Date of Birth: Social Security #:_____Check applicable medical disabilities:

? Legally Blind ? Deaf ? Terminal ? Contagious Disease

Specify other chronic medical disabilities:_____Are you:

? Self-ambulatory ? Ambulatory with Assist (walker, cane, arm)

? Confined to a wheelchair ? Non-ambulatory, bedridden

Check applicable special equipment that you are dependent on:

? Wheelchair ? Walker/Cane ? Crutches

? Life Support System ? Dialysis ? Insulin Dependent ? IV

? Oxygen: If yes, oxygen needed for __hours per day. Indicate liter flow:

Do you have a portable tank?

General Physician's Name: _____ Phone: _____Home Health Care Provider:_____ Phone:_____

Emergency Contact Person:_____ Phone:(____)_____Can you get to an evacuation shelter? ____ If no, check the appropriate transportation type needed?

? Standard Vehicle (bus, car) ? Wheelchair Equipped ? Ambulance

Will a caregiver accompany you to the evacuation shelter? ____ Relationship?_____Do you have a pet? ____ How many? ____ Have you made sheltering arrangements for them?

The information contained herein is true and correct to the best of my knowledge. I have read the information contained in this packet and I understand the limitation on the services and level of care available. I understand that assistance will be provided only for the duration of the emergency and that alternative arrangements should be made in advance in the event I am not able to return to my home. I also understand that I will be responsible for any charges and costs associated with hospital or other medical facility care or medical transportation. I grant permission to medical providers and transportation agencies and others as necessary to provide care and disclose any information necessary to respond to my needs. I understand that this registration is voluntary and hereby request registration in the Medically Fragile Registration Program.

Registrant's Signature Date